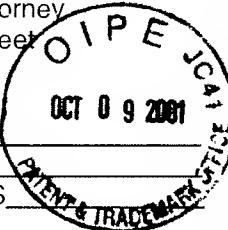


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Serial No.: 09/166173 Atty: FWR  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/661,731
		Filing Date	September 14, 2000
		First Named Inventor	Daniel M. Jensen
		Group Art Unit	1732
		Examiner Name	Unknown
Total Number of Pages in This Submission		Attorney Docket No.	0818.AC.B.PT

## ENCLOSURES (check all that apply)

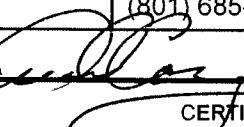
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief  <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check in the amount of \$ _____ <input type="checkbox"/> Declaration Claiming Small Entity Status for: <input type="checkbox"/> Independent Inventor <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings ___ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Extension of Time Request ____ month <input type="checkbox"/> Fee Calculation Table <input checked="" type="checkbox"/> Third Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form 1449 <input checked="" type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal & Advance Order	<input type="checkbox"/> Maintenance Fee Transmittal ____ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Other: _____
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## Remarks

The Commissioner is hereby authorized to charge any deficiencies in fees or credit any overpayment in connection with this communication to Deposit Account No. 50-0881.

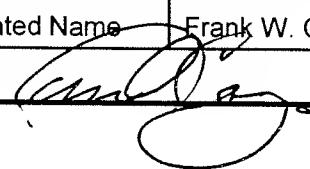
## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Attorney for Applicant	Frank W. Compagni, Registration No. 40,567 Morriss, Bateman, O'Bryant & Compagni, P.C. 5882 South 900 East, Suite 300 Salt Lake City, Utah 84121 (801) 685-2302 telephone; (801) 685-2303 facsimile		
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Signature		Date	10/1/01
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## CERTIFICATE OF MAILING UNDER 37 CFR § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, on the date indicated below, in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231.

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